

Image 2835 \$  
PATENT  
450108-03209

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

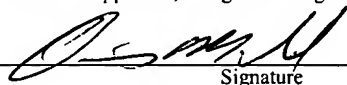
Applicant(s) : Ryoji AMEMIYA et al.  
Serial No. : 10/030,598  
For : INFORMATION PROCESSING APPARATUS  
Filed : January 7, 2002  
Examiner : L. Edmonds  
Art Unit : 2835

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 2, 2004.

Dennis M. Smid, Reg. No. 34,930

\_\_\_\_\_  
Name of Applicant, Assignee or Registered Representative

  
\_\_\_\_\_  
Signature

February 2, 2004

\_\_\_\_\_  
Date of Signature

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of October 31, 2003, please amend the above-referenced application as follows.

02/11/2004 DEMMANU1 00000157 10030598

01 FC:1201

344.00 OP

**IN THE DRAWINGS:**

Please add the legend --PRIOR ART-- to figures 15-18 and 20-23.



PATENT  
450108-03209

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Ryoji AMEMIYA et al.  
Serial No. : 10/030,598  
For : INFORMATION PROCESSING APPARATUS  
Filed : January 7, 2002  
Examiner : L. Edmonds  
Art Unit : 2835

745 Fifth Avenue  
New York, NY 10151

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** =22	* 0 x	\$18 (9)	= \$ 0
Independent claims	7	Minus	*** =3	* 4 x	\$86 (43)	= \$ 344
Total additional fee for this amendment						\$ 344

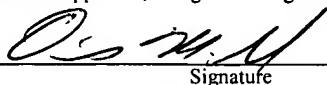
- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$344.00 is attached, which covers the cost of additional claims.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 2, 2004.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

  
Signature

February 2, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:



Dennis M. Smid  
Reg. No. 34,930  
Tel: 212-588-0800